FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **507842** **(3)**

1. Corporation Name

KEYES FLORIDA, INC.

Principal Place of Business	Mailing Address
ONE SE THIRD AVE 11TH FLOOR MIAMI FL 33131 US	ONE SE THIRD AVE 11TH FLOOR MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1976	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1696152	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
City & State 23	City & State 28
Zip: 24 County: 25	Zip: 29 County: 30

9. Name and Address of Current Registered Agent

FRIEDLANDER, BRUCE D
ONE SE THIRD AVE
SUITE 1101
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
12.1 TITLE	D	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME	SHAW, RAY M	13.2 NAME	
12.3 STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR	13.3 STREET ADDRESS	
12.4 CITY ST ZIP	MIAMI, FL 00000	13.4 CITY ST ZIP	
12.1 TITLE	VTD	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME	PAPPAS, TIMOTHY D	13.2 NAME	
12.3 STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR	13.3 STREET ADDRESS	
12.4 CITY ST ZIP	MIAMI, FL 00000	13.4 CITY ST ZIP	
12.1 TITLE	D	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME	SMITH, FRED STANTON	13.2 NAME	
12.3 STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR	13.3 STREET ADDRESS	
12.4 CITY ST ZIP	MIAMI FL	13.4 CITY ST ZIP	
12.1 TITLE	D	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME	PAPPAS, T.J	13.2 NAME	
12.3 STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR	13.3 STREET ADDRESS	
12.4 CITY ST ZIP	MIAMI FL	13.4 CITY ST ZIP	
12.1 TITLE	D	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME	SHAW, RAY M	13.2 NAME	
12.3 STREET ADDRESS	ONE THIRD AVE 11TH FLOOR	13.3 STREET ADDRESS	
12.4 CITY ST ZIP	MIAMI, FL 00000	13.4 CITY ST ZIP	
12.1 TITLE	DP	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME	PAPPAS, MIKE I.	13.2 NAME	
12.3 STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR	13.3 STREET ADDRESS	
12.4 CITY ST ZIP	MIAMI FL	13.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ray M. Shaw 4/26/95 3053713592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0131071 CP